

SECTION 29 WAIVER AUTHORIZATION REQUEST

Region	Consumer Name	
ISC/CCM	ISC/CCM email:	Contact # for ISC/CCM
CCM Agency		Annual plan date

- All new applications will be processed within 30 days of receipt by the Support Waiver Manager. **Incomplete applications will be returned.**
- All requests for additional funding will be processed within 30 days of receipt by the Support Waiver Manager. **Incomplete applications will be returned.**
- ISC/CCM will monitor the approvals by checking the EIS. If an application has not been returned, and has not been approved, the ISC/CCM's supervisor should contact the Support Waiver Manager.
- Reclassifications will be processed 30 days after receipt by the Support Waiver Manager. Reclassification date will be 90 days from the annual planning date. ISC/CCM's **MUST** submit the packet 30 days prior to the annual reclassification date to the Support Waiver Manager. **Late packets will result in the funding to end.**

New application (all components apply):

- ☐ Choice letter, signed within 60 days of plan or addendum with original signatures
- ☐ DS Support waiver BMS 99 done on EIS- do not lock assessment
- ☐ Copy of the annual plan(less than one year old), identifying the needs (do not include response sheets or service and supports) Please indicate the agency, location and hours per week and weeks per year

Existing funding request for additional services (all components apply):

- ☐ Copy of the planning document indicating the need for increase in services

Reclassification (all components apply):

- ☐ Completed DS support waiver BMS 99 on EIS- leave waiver reclassification date blank- Support Manager will enter next reclassification date
- ☐ Copy of the annual plan(less than one year old), identifying the needs (do not include response sheets or service and supports) Please indicate the agency, location and hours per week and weeks per year

		Agency providing service, include location	Agency contact person and phone number	Hours per week/ weeks per year
	Community Support			
	Employment Specialist			
	Work Support			
	Home Accessibility Adaptations			
	Transportation service			
	Respite Services			

Signature indicates packet has been reviewed and approved as complete.

Signature of Regional Designee or CCM Supervisor _____